

CITY OF SAN DIEGO

— CITY TREASURER
YELLOW COPY — BUSINESS OWNER

BUSINESS APPLICATION

1222 FIRST AVENUE • 2ND FLOOR • SAN DIEGO CA 92101
PO BOX 121536 • SAN DIEGO CA 92112
(619) 236-6173

CASHIER'S VALIDATION

PRESS FIRMLY. IF MAILING PLEASE RETAIN YELLOW COPY

Your Business Certificate will be issued under the provisions of Municipal Code Sections 31.0101 and 31.0121. You are cautioned that the Business Certificate does not permit operation of a business within the City of San Diego in violation of any section of the Municipal Code or regulation adopted by the City Council including, but not limited to: Zoning restrictions, land use specifications as defined in planned districts, redevelopment areas, historical districts or revitalization areas, Business Tax regulations, Police Department regulations, and Fire, Health, or Sanitation permits and regulations. If you have any doubt that your business conforms with requirements of the Municipal Code administered by other departments, you are urged to contact those departments for further information before filing this application for a Business Certificate.

SECTION ONE – BUSINESS INFORMATION

1. BUSINESS NAME		2. CORPORATE NAME	
3. BUSINESS ADDRESS NUMBER	STREET NAME		SUITE NUMBER
CITY	STATE	ZIP	BUSINESS TELEPHONE NUMBER
4. MAILING ADDRESS NUMBER	STREET NAME		SUITE NUMBER
CITY	STATE	ZIP	MAILING ADDRESS TELEPHONE NUMBER
TO THE ATTENTION OF:			
5. NUMBER OF EMPLOYEES: (DO NOT COUNT YOURSELF) (FULL OR PART-TIME)	6. BUSINESS STARTING DATE IN CITY OF SAN DIEGO: ____ / ____ / ____		7. BUSINESS TYPE: (CHECK ALL THAT APPLY) RETAIL _____ SERVICE _____ WHOLESALE _____ CONSTRUCTION _____ FINANCIAL _____ TRANSPORTATION/UTILITY _____ MANUFACTURING _____
8. DESCRIBE BUSINESS ACTIVITY IN DETAIL: (SPECIFY IF HOME OCCUPATION) _____			8A. PRINCIPAL BUSINESS ACTIVITY CODE (SEE LISTING)
9. FEDERAL EMPLOYER IDENTIFICATION NUMBER:		10. SELLER'S PERMIT NUMBER (STATE B.E.A.N.):	11. STATE CONTRACTOR'S LICENSE NUMBER:

SECTION TWO – OWNERSHIP INFORMATION

12. OWNERSHIP TYPE		____ SOLE PROPRIETORSHIP ____ HUSBAND / WIFE SOLE		____ PARTNERSHIP		____ CORPORATION ____ LIMITED LIABILITY ____ NON-PROFIT ENTITY ____ TRUST	
OWNER 1 LAST NAME		FIRST NAME		MIDDLE NAME		TITLE	
RESIDENCE ADDRESS NUMBER	STREET			APARTMENT NUMBER	TELEPHONE NUMBER		
CITY	STATE			ZIP	SOCIAL SECURITY NUMBER		
OWNER 2 LAST NAME		FIRST NAME		MIDDLE NAME		TITLE	
RESIDENCE ADDRESS NUMBER	STREET			APARTMENT NUMBER	TELEPHONE NUMBER		
CITY	STATE			ZIP	SOCIAL SECURITY NUMBER		
OWNER 3 LAST NAME		FIRST NAME		MIDDLE NAME		TITLE	
RESIDENCE ADDRESS NUMBER	STREET			APARTMENT NUMBER	TELEPHONE NUMBER		
CITY	STATE			ZIP	SOCIAL SECURITY NUMBER		
13. I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE, AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS APPLICATION.							
SIGNATURE						DATE	

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SECTION THREE – FOR OFFICE USE ONLY

MULTI-YEARS	POLICE	ZONING	SURCHARGE	HOME OCCUPATION
PERIOD COVERED	_____ TO _____	_____ TO _____	_____ TO _____	
BUSINESS TAX FEE	_____	_____	_____	
EMPLOYEE CHARGE	_____	_____	_____	
LATE FILING PENALTY	_____	_____	_____	
FAILURE TO FILE SURCHARGE	_____	_____	_____	
BUSINESS IMPROVEMENT DISTRICT	_____	_____	_____	
B.I.D. PENALTY	_____	_____	_____	
ZONING FEE	_____	_____	_____	
SUBTOTALS	_____	_____	_____	

PAYMENT DATE:	PROCESSED BY:	TOTAL PAID:	TOTAL OWED:	CERTIFICATE NUMBER:

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BUSINESS FEES ARE NON-REFUNDABLE

IT IS THE RESPONSIBILITY OF THE CERTIFICATE HOLDER TO RENEW THE BUSINESS CERTIFICATE WITHIN THE PROPER TIME LIMITS. FAILURE TO DO SO, EVEN IF YOU DO NOT RECEIVE A RENEWAL NOTICE, WILL RESULT IN THE ASSESSMENT OF A PENALTY.

CANCELLATION

IF YOU CLOSE YOUR BUSINESS, IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE SO YOUR CERTIFICATE MAY BE CANCELLED. NEW OWNERS MUST APPLY FOR A NEW BUSINESS CERTIFICATE. BUSINESS CERTIFICATES ARE NOT TRANSFERABLE.

SECTION ONE - BUSINESS INFORMATION

1. BUSINESS NAME Enter the name you intend to be “doing business as” (DBA).

To register a fictitious business name (one that does not include the surname of the individual or a name that suggests the existence of additional owners; any name other than the corporate name stated in its articles of incorporation; etc.) one must also contact the San Diego County Clerk at the County Administration Building, 1600 Pacific Hwy., Rm. 260, (619) 237-0502.

2. CORPORATE NAME Enter the name listed on your Articles of Incorporation.

For information on incorporating within California or for doing business within the state as a foreign corporation, one must also contact the Secretary of State Office at 1350 Front Street, Rm. 2060 (619) 525-4113.

3. BUSINESS ADDRESS Enter business location.

PO Boxes (including mail drop services) will not be accepted for the business location. The business location must include street number, full street name, apartment or suite number (if applicable, city, state, and zip code).

4. MAILING ADDRESS Enter mailing address.

All billing and correspondence is sent to the mailing address provided. PO Boxes are accepted for mailing purposes.

5. NUMBER OF EMPLOYEES Enter the number of persons to be employed by the business.

An employee refers to a person defined in Title 22, section 4304-1 of the California Administrative Code.

6. BUSINESS STARTING DATE IN CITY OF SAN DIEGO

In order to correctly calculate Business Fees, the month, day, and year of the company’s business starting date in San Diego are required.

7. BUSINESS TYPE Check all that apply.

8. DESCRIPTION Describe all business activity to be performed within San Diego.

When applicable, use phrases such as “off-premise only”, “mobile”, “sales office only”, and percentage of a particular activity if more than one activity is to be performed.

- 8a. PRINCIPAL BUSINESS ACTIVITY CODE Refer to Business Category Listing.

9. FEDERAL EMPLOYER IDENTIFICATION NUMBER

An Employer Identification Number is required by the Internal Revenue Service for all Partnerships and Corporations, regardless of employees; and for Sole Proprietorships with employees. An application can be obtained at the Federal Building, IRS Office, 880 Front Street, or by calling 1-800-829-3676.

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10. SELLER'S PERMIT NUMBER

All businesses selling tangible property are required to obtain a Seller's Permit from the State Board of Equalization. For further information, contact their office located at 1350 Front Street, Rm. 5047 or call (619) 525-4526.

11. STATE CONTRACTOR'S LICENSE NUMBER

State Contractor's Licenses are required for certain types of business activities such as plumbing, tile installation, carpet installation, heating or air conditioning installation, and various types of construction work. For more information, contact the State Contractor's Bureau at 5280 Carroll Canyon Rd, Rm 250, (619) 455-0237.

SECTION TWO - OWNERSHIP INFORMATION

12. OWNERSHIP TYPE

Please check the appropriate ownership type. List all partners and corporate officers when applicable. Incomplete information will delay processing of your application.

13. SIGNATURE

The application will not be processed without the signature of one of the following: the sole proprietor, a partner, or a corporate officer. Authorized agents must include their titles, ie. Controller.